STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN1604	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	12/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANCHESTER HEALTH CARE CENTER	395 INTERSTATE DRIVE MANCHESTER, TN 37355

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	1200-8-6-.08 (1) Building Standards (1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to arrange the overall nursing home environment in such a manner that the safety and well-being of the residents are assured. The finding included: Observation on 12/10/12 at 10:23 AM revealed there was no manual power override switch for the electric stove in the occupational therapy room. This finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 12/10/12.	N 831	This Plan of Correction has been developed in compliance with State and Federal Regulations. This plan affirms Manchester Health Care Center's intent and allegation of compliance with those regulations. This POC does not constitute an admission or concession of either accuracy or factual allegation made in, or existence or scope of significance, of any cited deficiency. **N831** 1.The power cord to the electric stove located in the therapy room was removed by the Plant Operations Manager on 12/21/12 and the stove will be used for instructional purposes only. 2. There are no other electric stoves in the building that are used by the Therapy Department. 3. The Plant Operations Manager will check the stove monthly during his preventive maintenance checks to confirm that it is being used for instructional purposes only. 4. The results of the preventive maintenance checks will be reported by the Plant Operations Manager monthly to the Quality Assurance Performance Improvement Committee comprising of Administrator, Director of Nursing, Medical Director, Nurse Educator, Activities Director, and Minimum Data Set coordinator, Director of Social Services, Plant Operations Manager, Registered Dietitian, Director of Dietary, Director of Therapy and Medical Records Coordinator. Completion date: 12/24/12	12-24-12

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: ADMINISTRATOR — (X6) DATE: 12-27-12

JAN 02 2013